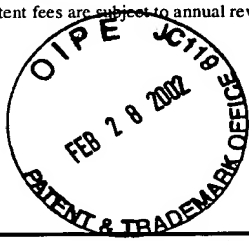


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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

**Complete if Known**

Application Number	09/764,561
Confirmation Number	6898
Filing Date	January 17, 2001
First Named Inventor	Robert Wayne Glenn, Jr.
Examiner Name	B. Seidleck
Group/Art Unit	1615
Attorney Docket No.	8386
Customer No.	27752

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TECH CENTER 1600/2900
TOTAL AMOUNT OF PAYMENT (\$)180.00**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **16-2480**Deposit Account Name **The Procter & Gamble Company**

- ☒ Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

FEE CALCULATION**1. BASIC FILING FEE - Large Entity**

Code (\$)	Fee Description	Fee Paid
101 740	Utility filing fee	<input type="checkbox"/>
106 330	Design filing fee	<input type="checkbox"/>
108 740	Reissue filing fee	<input type="checkbox"/>
114 160	Provisional filing fee	<input type="checkbox"/>
SUBTOTAL (1)		(\$) <input type="checkbox"/>

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity

	Extra Claims	Fee from Below	Fee Paid
Total Claims <input type="checkbox"/> - 20** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>
Independent Claims <input type="checkbox"/> - 3** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>
Multiple Dependent		<input type="checkbox"/>	= <input type="checkbox"/>
** or number previously paid, if greater; For Reissues, see below			
Code (\$)	Fee Description		
103 18	Claims in excess of 20		
102 84	Independent claims in excess of 3		
104 280	Multiple dependent claim, if not paid		
109 84	**Reissue independent claims over original patent		
110 18	**Reissue claims in excess of 20 & over original patent		
SUBTOTAL (2)		(\$) <input type="checkbox"/>	

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Code (\$)	Fee Description	Fee Paid
105 130	Surcharge-late filing fee or oath	<input type="checkbox"/>
127 50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
139 130	Non-English specification	<input type="checkbox"/>
147 2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
112 920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
113 1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
115 110	Extension for reply within 1 st month	<input type="checkbox"/>
116 400	Extension for reply within 2 nd month	<input type="checkbox"/>
117 920	Extension for reply within 3 rd month	<input type="checkbox"/>
118 1,440	Extension for reply within 4 th month	<input type="checkbox"/>
128 1,960	Extension for reply within 5 th month	<input type="checkbox"/>
119 320	Notice of Appeal	<input type="checkbox"/>
120 320	Filing a brief in support of an appeal	<input type="checkbox"/>
121 280	Request for oral hearing	<input type="checkbox"/>
138 1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
140 110	Petition to revive - unavoidable	<input type="checkbox"/>
141 1,280	Petition to revive - unintentional	<input type="checkbox"/>
142 1,280	Utility issue fee (or reissue)	<input type="checkbox"/>
143 460	Design issue fee	<input type="checkbox"/>
122 130	Petitions to the Commissioner	<input type="checkbox"/>
123 50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>
126 180	Submission of Information Disclosure Statement	<input checked="" type="checkbox"/>
146 740	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
149 740	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
179 740	Request for Continued Examination (RCE)	<input type="checkbox"/>
169 900	Request for expedited examination of a design application	<input type="checkbox"/>
091 1280	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
Other fee (specify) _____		<input type="checkbox"/>
Other fee (specify) _____		<input type="checkbox"/>

* Reduced by Basic Filing Fee Paid **SUBTOTAL(3) (\$)** [180.00]**SUBMITTED BY**Name (Print/Type) **Linda M. Sivik**Registration No. **44,982**
(Attorney/Agent)**Complete (if applicable)**Telephone **(513) 626-1355**

Signature

*Linda M. Sivik*Date **February 19, 2002**